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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 7582

SERIAL NUMBER 09/396,531	FILING DATE 09/15/1999 RULE	CLASS 473	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 99-1001
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APPLICANTS

RANDALL A. ADDINGTON, MELBOURNE, FL;

W. ROBERT ADDINGTON, MELBOURNE, FL;

W. ROBERT ADDINGTON II, MELBOURNE, FL;

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/130,905 08/07/1998 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/12/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 8	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

24253

JOEL I ROSENBLATT

445 11TH AVENUE

INDIANALANTIC, FL

32903

TITLE

BOWLERS FINGER PAD SHIELD

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 528		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____

SERIAL NUMBER <div style="text-align: center;">09/396,531</div>	FILING DATE <div style="text-align: center;">09/15/99</div>	CLASS <div style="text-align: center;">473</div>	GROUP ART UNIT <div style="text-align: center;">3711</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">99-1001</div>
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APPLICANT

RANDALL A. ADDINGTON, MELBOURNE, FL; W. ROBERT ADDINGTON, MELBOURNE, FL;
 W. ROBERT ADDINGTON II, MELBOURNE, FL.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/12/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY <div style="text-align: center;">FL</div>	SHEETS DRAWING <div style="text-align: center;">8</div>	TOTAL CLAIMS <div style="text-align: center;">15</div>	INDEPENDENT CLAIMS <div style="text-align: center;">1</div>
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ADDRESS

JOEL I ROSENBLATT
 445 11TH AVENUE
 INDIALANTIC FL 32903

TITLE

BOWLERS FINGER PAD SHIELD

FILING FEE RECEIVED <div style="text-align: center;">\$380</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="font-size: small;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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